

NOTICE OF INDEPENDENT REVIEW DECISION

July 31, 2003

MDR Tracking #: M2-03-1450-01

IRO Certificate #:IRO4326

The ____ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ____ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

____ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ____ physician reviewer who is board certified in family practice, which is the same specialty as the treating physician. The ____ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ____ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient sustained an injury to her right foot and ankle on ____ when she hit a pallet. Her initial x-rays showed no fracture or dislocation. The patient was placed on anti-inflammatory medications, received physical therapy, had injections to her knee, and was referred for pain management. She underwent electromyography and nerve conduction velocity studies on 02/21/03, which were normal.

Requested Service(s)

Purchase of an RS4i sequential 4-channel combination interferential and muscle stimulator unit

Decision

It is determined that the proposed purchase of an RS4i sequential 4-channel combination interferential and muscle stimulator unit is not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

From an evaluation of the medical record, there is no objective evidence that the rental of the RS4i sequential 4-channel combination interferential and muscle stimulator unit helped control the pain in this patient.

There was no clear indication that the unit was beneficial during the rental period and consequently a purchase of same would not be medically indicated. In addition, there was no specific reference for the recommendation of this type of unit for pain control by the specialist. Therefore, it is determined that the proposed purchase of an RS4i sequential 4-channel combination interferential and muscle stimulator unit is not medically necessary.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (10) days of your receipt of this decision (20 Tex. Admin. Code 142.5 (c))

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,

In accordance with Commission Rule 102.4 (h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 31 st day of July 2003.
